

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th St. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2008 OCT 31 AM 9:58

COMMITTEE NAME (Must be same as on Statement of Organization)

Swain For House

IMPORTANT: Indicate by # type of committee you are reporting for: ☐ (1) Statewide Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Euri Swain

Political Party (if applicable)
Democratic

Office Sought
State Representative

District (if Senate or House)
94

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1357
Logged in	5
Scanned	
Computer	
Audited	5 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

R. E. Swain
SIGNATURE OF PERSON FILING REPORT

641-664-1983
TELEPHONE

10/31/2008
DATE SIGNED

I AM FILING A October 31, 2008

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # ☐ 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

22,835.47

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below")

1,100.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

23,935.47

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below")

11,364.17

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

12,571.30

**UNPAID BILLS (From Schedule D - Attach Schedule D)

0.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

0.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

1,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Swaim For House

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 88B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
10/22/08	ID# CK# 1164	Iowa Lumbermans PAC PO Box 517 Promise City, Ia 50228		\$ 200.00	
10/23/08	ID# 9659 CK# 1544	Federation Of Iowa Insurers PO Box 1756 Des Moines, Iowa 50306		250.00	
10/18/08	ID# 36096 CK# 1471	Iowa Agribusiness Employees 900 Des Moines Street Des Moines, Iowa 50309		100.00	
10/20/08	ID# 36098 CK# 2112	Manufactured Housing PAC 1400 Dean Avenue Des Moines, Iowa 50316		500.00	
10/28/08	ID# CK#	Vera Miller 11238 Bison Trail Unionville, Iowa 52594		50.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 1100.00

TOTAL (if last page of this schedule)

\$ 1100.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Swain For House

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/21/08	ID# CK# 1205	House Truman Fund IA Democratic Party 5661 Fleur Drive Des Moines, Ia	Donation	\$ 3000.00
10/21/08	ID# CK# 1206	Albia Newspaper PO Box 338 Albia, Iowa 52531	20 Oct, 2008 Newspaper Ad	89.25
10/22/08	ID# CK# 1207	Daily Iowegian & Ad Express 105 North Main Centerville, Iowa 52544	27 & 29 Oct. Newspaper Ad	\$145.50
10/22/08	ID# CK# 1208	Corydon Times Republican 205 W Jackson Corydon, Iowa 50060	27 Oct Newspaper Ad for Corydon & Humeston Newspapers	\$180.00
10/25/08	ID# CK# 1209	KMGO Radio 402 N 12 th Street Centerville, Iowa 52544	Radio Advertising	\$500.00
10/25/08	ID# CK# 1210	House Truman Fund IA Democratic Party 5661 Fleur Drive Des Moines, Ia	Donation	3000.00
10/28/08	ID# CK# 1211	Kurt Swain 504 North Davis Bloomfield, Iowa 52537	226 miles @ \$0.585 per mile	132.21
10/25/08	ID# CK# 1212	Bloomfield Democrat 207 S Madison Bloomfield, Ia 52537	22 & 29 Oct Newspaper Ad	\$500.00
SUB-TOTAL				\$ 7546.96
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Swain For House

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/25/08	ID# CK# 1213	Tri-County Shopper PO Box 168 Bloomfield, Iowa 52537	28 Oct Newspaper Ad	\$ 249.75
10/25/08	ID# CK# 1214	Daily Iowegian & Ad Express 105 N Main Centerville, Ia 52544	03 Nov Newspaper Advertising	207.90
10/25/08	ID# CK# 1215	The Seymour Herald 116 N 4th Seymour, Ia 52590	2 Newspaper Ads	200.00
10/28/08	ID# CK# 1216	Albia Newspaper Po Box 338 Albia, Ia 52531	Newspaper Advertising	114.75
10/28/08	ID# CK# 1217	Corydon Times Republican 205 W Jackson Corydon, Iowa 50080	Newspaper Advertising	46.60
10/27/08	ID# CK# 1218	Strategic Media, LTD 2045 E Grand Ave #C Des Moines Iowa 50317	Campaign Mailing	2998.31
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 3817.21
TOTAL (If last page of this schedule)				\$ 11364.17

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(g).)

COMMITTEE NAME (Must be same as on Statement of Organization)

Swain For House

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAYED☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 1000

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
			\$

(PART I)

\$ 0

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YY)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II)

\$ 0

From Schedule E - TOTAL LOANS FORGIVEN

\$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 1000

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(for Schedule F)